

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/	/		
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TOTAL IND.		3		
TOTAL DEP.		23		
TOTAL CLAIMS	SEARCHED	INDEXED	SEARCHED	INDEXED

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS	SEARCHED	INDEXED	SEARCHED INDEXED

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